

2006-07 WorkFirst Local Planning Area (LPA) - Innovative Project Funding Request

Name of Innovative Project: _____ Request Amount _____
LPA Name: _____
LPA Project Contact: _____ Telephone #: _____
E-mail Address: _____
Project Start/End Date(s): _____ (Projects must be completed within the program year.)

Funding will be used for:

- ☐ Partnership Training: ☐ Direct Client services/incentives:
☐ Partnership Innovative Projects/pilot(s): ☐ Other (explain): _____

Does this project involve economic and/or workforce development partners? ☐ Yes ☐ No
(If yes, please indicate which partners you will be working with and what their role in your project is.)

The focus of this funding is to support WorkFirst partnership, program performance and "promising practices" through collaboration and innovation. Prior to completing the application materials, LPA leads need to make a "concept call" or send a "concept email" to Kelly Lindseth for pre-approval.

All completed applications will be reviewed by an interagency committee. There will be a 2-week turnaround on project reviews. Approvals will be in the form of an email to the LPA lead submitting the request. Additional information may be requested in order to clarify specifics regarding your proposal.

Projects will be accepted until all resources have been obligated. Approved projects will be required to submit an "end of project" report (attachment C). Final billing must be received prior to June 29, 2007. Bills received after June 29, 2007, risk not being paid.

All applications require:

- ☐ An innovative project "concept call" or "concept email" for pre-approval
- ☐ A two-page (maximum) narrative proposal addressing the questions listed below
- ☐ A complete budget page (attachment A)
- ☐ A complete partnership signature page (attachment B)

1.	Describe your project <ul style="list-style-type: none">• How does your project support overall WorkFirst performance – participation, employment, retention, other?• How many people will be served through your project?• If additional resources will be needed to support your project, where will they come from and how will they be used?
2.	What makes this project innovative? <ul style="list-style-type: none">• What demographic (parents, staff, partners, other) will this project serve?• What is your projects overall design?• What are the desired outcomes of your project and how will you measure your success?• What strategies will be used to support your project beyond initial funding?
3.	Partnership involvement <ul style="list-style-type: none">• Who are the partners that will be involved in your project and what is their role?• How will this project strengthen your existing partnership?

Please email or FAX this completed form and partner signature page to:

Kelly Lindseth, WorkFirst Local Planning Area Liaison
OFM WorkFirst Performance Team
FAX: 360/902-0680
Phone: 360/902-0413 or e-mail: Kelly.Lindseth@ofm.wa.gov